

# Foster Family Home - Corrective Action Report

Provider ID: 1-190098

Home Name: Maricor Dela Cruz, RN

Review ID: 1-190098-1

94-234 Waialele Road

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 1/3/2020

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with all items due to CTA by 2/3/20.

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - No first year APS/CAN and fingerprints for HHM's #1, #2, and #3.

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: **Maricor Dela Cruz**

CCFFH Address: **94-234 Waikele Road, Waipahu, HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)(2)	I received current APS/CAN and fingerprints from HHM's #1, #2, and #3. I placed them in my CCFFH binder.	1/22/20	I will have current APS/CAN and fingerprints for all HHM's before they move in.

Primary Caregiver's Signature: 

Print Name: **Maricor Dela Cruz**

Date of Signature: **1/22/2020**